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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Carolina Hospital Association Political Action Committee - Federal P.O. Box 4449 ADDRESS (number and street) Check if different than previously Cary NC 27519 4449 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00194647 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2008 06 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Jamal Jones Type or Print Name of Treasurer Electronically Filed by Mr. Jamal Jones 03 10 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule : F3XA

Correction resulting from correction to July 2008 report

Transaction ID:

## SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) 3 / 17 Write or Type Committee Name North Carolina Hospital Association Political Action Committee - Federal D D <sup>®</sup>D 0 4 0 1 2008 0.6 3 0 2008 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 100876.87 January 1 (b) Cash on Hand at 50727.75 Begining of Reporting Period ..... 42351.45 45008.32 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 93079.20 145885.19 6(a) and 6(c) for Column B) ..... 94.79 52900.78 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 92984.41 92984.41 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 17

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From:

01

2008

To:

м м 0 6 <sup>D</sup> 30

<sup>Y</sup> 2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	10361.60	12361.60
(ii) Unitemized	31970.00	32590.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42331.60	44951.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42331.60	44951.60
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	19.85	56.72
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
Total Receipts (add Lines 11(d),     12, 13, 14, 15, 16, 17, and 18(c))	42351.45	45008.32
. Total Federal Receipts (subtract Line 18(c) from Line 19)	42351.45	45008.32

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	94.79	200.78
	Expenditures(c) Total Operating Expenditures	94.79	200.78
	(add 21(a)(i), (a)(ii) and (b))	94.79	200.78
	Transfers to Affiliated/Other Party		
	Committees Contributions to	0.00	52700.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
Э.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
3.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
••	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	94.79	52900.78
	, , , , , , , , , , , , , , , , , , , ,		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	04.70	50000 70
	from Line 31)	94.79	52900.78

### **DETAILED SUMMARY PAGE**

of Disbursements

6 / 17

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	42331.60	44951.60
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42331.60	44951.60
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	94.79	200.78
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	94.79	200.78

FE6AN026

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to a Political Action Committee - Federal	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. R. Timothy Rice Mailing Address 1200 North Elm Str	eet	Date of Receipt
City Greensboro	State Zip Code NC 27401-1004	Transaction ID: 15344664  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Moses Cone Health System  Receipt For:  Primary  Other (specify) ▼	Occupation President and Chief Executive Officer Aggregate Year-to-Date  400.00	]
Full Name (Last, First, Middle Initial) Mr. Paul M Wiles Mailing Address 2085 Frontis Plaza	Boulevard	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15398169
Winston Salem	NC 27103-5614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Novant Health	Occupation President and Chief Executive Officer	r
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Gregory J Beier		Date of Receipt
Mailing Address 209 Heatherton Wa	у	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 15398171
Winston Salem FEC ID number of contributing federal political committee.	NC 27104-4448	Amount of Each Receipt this Period 400.00
Name of Employer Forsyth Medical Center	Occupation President and Chief Executive Officer	r
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	l)	1200.00

## SCHEDULE A (FEC Form 3X)

SCHEDULI ITEMIZED	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one)    X
or for commercia	copied from such Reports and S I purposes, other than using the DMMITTEE (In Full) ina Hospital Association Pe	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La Mr. Gary R. Bo Mailing Addre		ad		Date of Receipt
City Asheville		State NC	Zip Code 28803-2318	Transaction ID: 15446203  Amount of Each Receipt this Period
FEC ID numb	er of contributing al committee.	C		260.00
Name of Emp CarePartners on Hospital Receipt For: Primary Other (s			operating Officer e Year-to-Date ▼ 260.00	
Mr. Dave C Mo	ast, First, Middle Initial) Rae ss PO Box 6028			Date of Receipt  0 5 1 5 2 0 0 8
City		State	Zip Code	Transaction ID: 15487083
Greenville FEC ID numb federal politica	er of contributing al committee.	NC C	27835-6028	Amount of Each Receipt this Period 400.00
Name of Emp University He of Eastern C	loyer alth Systems		ecutive Officer	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (La Ms. Millie Hard	ast, First, Middle Initial) ling			Date of Receipt
Mailing Addre	ss 1113 Pearson Farms F	Road		05 15 2008
City		State	Zip Code	Transaction ID: 15487093
Apex FEC ID numb federal politica	er of contributing al committee.	C	27502-6741	Amount of Each Receipt this Period 400.00
Name of Emp North Carolin Association	loyer a Hospital		ice President	
Receipt For: Primary Other (s	General specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
SUBTOTAL of	Receipts This Page (optional)	1		1060.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mag	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) North Carolina Hospital Association F	Political Actio	n Committee - Federal	
. ∠ \.	Full Name (Last, First, Middle Initial) Mr. Richard E Hudson, , FACHE			Date of Receipt
	Mailing Address 1705 Tarboro Street,	SW		05 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wilson	State NC	Zip Code	Transaction ID: 15487117
	FEC ID number of contributing federal political committee.	C	27893-3428	Amount of Each Receipt this Period 400.00
	Name of Employer Wilson Medical Center	Occupatio Presiden	n t and Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Mr. Jeffrey S Miller	<u> </u>		Date of Receipt
	Mailing Address P O Box HP-5			05 22 2008
	City	State	Zip Code	Transaction ID: 15502052
	High Point	NC	27261-1899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer High Point Regional Health System	Occupatio Presiden	n t and Chief Executive Office	er
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
 :.	Full Name (Last, First, Middle Initial) Dr. William J Fulkerson, , M.D.			Date of Receipt
	Mailing Address 815 Pleasant Green F	Rd.		05 22 2008
	City	State	Zip Code	Transaction ID: 15502085
	Hillsborough FEC ID number of contributing federal political committee.	C	27278-7805	Amount of Each Receipt this Period 400.00
	Name of Employer Duke University Health Sy- stem	Occupatio Senior V	n ice President	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		400.00	
				1200.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>V)</b>	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10/17 (check only one)    X		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)  North Carolina Hospital Association	<u> </u>				
Full Name (Last, First, Middle Initial) Kami Anderson			Date of Receipt		
City Bolivia	State NC	Zip Code 28422-8254	Transaction ID: 15502151  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer J. Arthur Dosher Memorial Hospital	Occupation Anesthes				
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00			
Full Name (Last, First, Middle Initial) Mr. John G Currin, , Jr.			Date of Receipt		
Mailing Address P O Box 202	05 28 YYYYY				
City	State	Zip Code	Transaction ID: 15515717		
Burlington	NC	27216-0202	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer Alamance Regional Medical Center	Occupation Presiden				
Receipt For:	Aggregate	e Year-to-Date ▼			
Primary General Other (specify) ▼	0 0	400.00	]		
Full Name (Last, First, Middle Initial) Mrs. Phyllis Wingate-Jones			Date of Receipt		
Mailing Address 2001 Vail Avenue			05 29 2008		
City	State	Zip Code	Transaction ID: 15515773		
Charlotte	NC	28207-1219	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		400.00		
Name of Employer Carolinas Medical Center- NorthEast	Occupation Presiden	t			
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (optional	al)		1200.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 17 (check only one)    X		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to n Political Action Committee - Federal	on for the purpose of soliciting contributions solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Ms. Kathryn E. Heilig Mailing Address 5404 Earle Road		Date of Receipt		
City Raleigh FEC ID number of contributing	State Zip Code NC 27606-9200	0 6 0 3 2 0 0 8  Transaction ID: 15571391  Amount of Each Receipt this Period  400.00		
Receipt For:  Primary  Other (specify) ▼  Receipt For:	Occupation Vice President  Aggregate Year-to-Date   400.00	]		
Full Name (Last, First, Middle Initial) Mr. Larry H Chewning, III Mailing Address 2460 Curtis Ellis D	rive	Date of Receipt  0 6 0 3 2 0 0 8		
City	State Zip Code			
Rocky Mount	NC 27804-2237	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	80.00		
Name of Employer Nash Health Care Systems	Occupation President and Chief Executive Officer	r		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00			
Full Name (Last, First, Middle Initial) Mr. Joseph F Damore		Date of Receipt		
Mailing Address 509 Biltmore Aven	ue	0 6 0 3 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 15571437		
Asheville	NC 28801-4690	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	400.00		
Name of Employer Mission Hospital	Occupation President and Chief Executive Officer	<u>r</u>		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00			
SUBTOTAL of Receipts This Page (option	al)	880.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 17 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  North Carolina Hospital Association Po	olitical Action	n Committee - Federal	
Full Name (Last, First, Middle Initial) Mr. Mike Stevenson			Date of Receipt
Mailing Address 3990 U S Highway 64	East Alt		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15581597
Murphy	NC	28906-7917	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Murphy Medical Center	Occupation Administr		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)			Data of Danaint
Mr. William Mahone, V  Mailing Address P O Box 1089			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15581695
Roanoke Rapids	NC	27870-1089	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		400.00
Name of Employer Halifax Regional Medical Center	Occupation President	n : and Chief Executive Officer	<del>-</del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Steven Lawler			Date of Receipt
Mailing Address P O Box 6028			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 15587544
Greenville	NC	27835-6028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Pitt County Memorial Hosp- ital	Occupation President		
Receipt For:  Primary General  Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			900.00

TOTAL This Period (last page this line number only) .....

A. NAME OF COMMITTEE (in Full) North Carolina Hospital Association Political Action Committee - Federal  Full Name (Last, First, Middle Initial) Mailing Address 917 Welland Ct.  City State Zip Code Raleigh NC 27814-9083  FEC ID number of contributing federal political committee.  Pull Name (Last, First, Middle Initial)  B. Full Name (Last, First, Middle Initial)  Mailing Address 21 Bainbridge Ct.  City State Zip Code Name of Employer WakeMed Raleigh Campus  Full Name (Last, First, Middle Initial)  Jimm Bunch  Mailing Address 21 Bainbridge Ct.  City State Zip Code NC 27814-9083  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Jimm Bunch  Mailing Address 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing federal political committee.  C 2411.60  Full Name (Last, First, Middle Initial)  President  Aggregate Year-to-Date ▼  C 241.60  Full Name (Last, First, Middle Initial)	<b> </b>	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 17 (check only one)    X
A. Ms Deborah G Friberg  Mailing Address 917 Welland Ct.  City State Zip Code Raleigh NC 27614-9983  FEC ID number of contributing rederal political committee.  Name of Employer WakeMed Raleigh Campus  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Jame Bunch  Mailing Address 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing rederal political committee.  C 28704-9601  FEC ID number of contributing rederal political committee.  C 38704-9601  FEC ID number of contributing rederal political committee.  C 38704-9601  FEC ID number of contributing rederal political committee.  NC 28704-9601  FEC ID number of contributing President  Receipt For: Primary General Other (specify) ▼  C 241.60  Date of Receipt  Transaction ID: 15587593  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604411  Amount of Each Receipt this Period  Transaction ID: 15604411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604411  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 15604451  Transaction ID: 15604451  Transaction ID: 15604451  Transaction ID: 15604451  Transaction ID: 1560451  Tra		or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
City Raleigh Raleigh NC 27814-9083  FEC ID number of contributing federal political committies.  Name of Employer WakeMed Raleigh Campus Receipt For: Primary General Other (specify) ▼  FUI Name (Last, First, Middle Initial) Jimm Bunch Malling Address 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing federal political committee.  Park Ridge Rospital Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Jimm Bunch NC 28704-9601  FEC ID number of contributing federal political committee.  City State Zip Code NC 28704-9601  Feceipt For: Primary General Other (specify) ▼  Date of Receipt NC 241.60  Date of Receipt NC NC NC NC NC 28117-8132  Date of Receipt NC NC NC NC NC 28117-8132  Date of Receipt NC	∠ <b>A</b> .	Ms Deborah G Friberg			M M / D D / Y Y Y Y
Raleigh  Recipt FEC ID number of contributing federal political committee.  Name of Employer WakeMed Raleigh Campus  Receipt For: Primary General Other (specify) ▼  B. Jimm Bunch  Mailing Address 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing federal political committee.  Name of Employer Adgress 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing federal political committee.  Name of Employer Park Ridge Rospital  Receipt For: Primary General Other (specify) ▼  City State Zip Code President  Aggregate Year-to-Date ▼  President  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City State Zip Code Primary General Other (specify) ▼  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: 15604451  Amount of Each Receipt This Period  Date of Receipt  No 241.60  Date of Receipt  No 241.60  Date of Receipt  No 28117-8132  FEC ID number of contributing federal political committee.  C. State Zip Code No 28117-8132  FEC ID number of contributing FEC ID number of contr			State	Zip Code	
Name of Employer WakeMed Rateligh Campus  Receipt For:    Primary   General     Other (specify) ▼		Raleigh	NC	27614-9083	
Receipt For:			C		
Primary			Senior V	ice President and Chief Opera	al
B. Jimm Bunch  Mailing Address 21 Bainbridge Ct.  City State Zip Code NC 28704-9601  FEC ID number of contributing federal political committee.  Park Ridge Hospital  Receipt For:  Primary General Other (specify) ▼ State Zip Code Other (specify) ▼ State Zip Code Other (specify) ▼ State Zip Code Mailing Address 182 Spring Run Dr.  City Sylvia Self State Zip Code Mooresville NC 28117-8132  FEC ID number of contributing federal political committee.  C Squeepate Year-to-Date ▼ Date of Receipt Transaction ID: 15604451  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer redell Memorial Hospital  Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year		Primary General	Aggregate	400.00	
City Arden  FEC ID number of contributing federal political committee.  Name of Employer Park Ridge Hospital  Receipt For: Primary General Other (specify) ▼  Name of Employer Primary General Other (specify) ▼  C. Sylvia Self  Mooresville  Name of Employer Primary General Other (specify) ▼  Name of Employer Primary General Other (specify) ▼  State Zip Code NC 28117-8132  Transaction ID: 15604411  Amount of Each Receipt this Period  Date of Receipt  NC 28117-8132  Transaction ID: 15604451  Amount of Each Receipt this Period  Transaction ID: 15604451  Amount of Each Receipt this Period  Date of Receipt  NC 28117-8132  Transaction ID: 15604451  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Transaction ID: 15604451  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  400.00	- В.				Date of Receipt
Arden NC 28704-9601  FEC ID number of contributing federal political committee.  Name of Employer Park Ridge Hospital  Receipt For:    Date of Receipt   Primary   General   Primary   General   Primary   State   Zip Code   Nor 28117-8132     C		Mailing Address 21 Bainbridge Ct.			
Arden NC 28704-9601  FEC ID number of contributing federal political committee.  Name of Employer Park Ridge Hospital  Receipt For:    Primary   General   Other (specify) ▼		City	State	Zip Code	Transaction ID: 15604411
Name of Employer Park Ridge Hospital   Docupation President		Arden	NC	28704-9601	
Park Ridge Hospital  Receipt For:  Primary General Other (specify) ▼  C. Sull Name (Last, First, Middle Initial) Sylvia Self  Mailing Address 182 Spring Run Dr.  City State Zip Code Mooresville NC 28117-8132  FEC ID number of contributing federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Cuty Cuty Cuty Cuty Cuty Cuty Cuty Cut			C		241.60
Primary General Other (specify) ▼    Primary General Other (specify) ▼    Primary General   Other (specify) ▼    Pull Name (Last, First, Middle Initial)   Sylvia Self   Mailing Address 182 Spring Run Dr.    Date of Receipt   M M M		Name of Employer Park Ridge Hospital			
C. Sylvia Self  Mailing Address 182 Spring Run Dr.  City State Zip Code  Mooresville NC 28117-8132  FEC ID number of contributing federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For:  Primary General  Occupation  CRNA  Receipt For:  Aggregate Year-to-Date ▼  400.00		Primary General	Aggregate		
City  Mooresville  NC  28117-8132  FEC ID number of contributing federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For:  Primary  Other (specify)  Aggregate Year-to-Date  Occupation  CRNA  Aggregate Year-to-Date  400.00	с. С.	,			Date of Receipt
Mooresville  FEC ID number of contributing federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Amount of Each Receipt this Period  400.00  Amount of Each Receipt this Period  400.00		Mailing Address 182 Spring Run Dr.			
FEC ID number of contributing federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For: Primary General Other (specify)  Occupation CRNA  Aggregate Year-to-Date  400.00		•		Zip Code	Transaction ID: 15604451
federal political committee.  Name of Employer Iredell Memorial Hospital  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  400.00		•	NC	28117-8132	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)   Aggregate Year-to-Date   400.00			С		400.00
Primary General Other (specify)   400.00		Name of Employer Iredell Memorial Hospital		on	
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)		·····	1041.60

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 17 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any p name and address of any political committe	
North Carolina Hospital Association Po	olitical Action Committee - Federal	
Full Name (Last, First, Middle Initial) Mr. John K Barto, , Jr.		Date of Receipt
Mailing Address P O Box 9000		0 6 1 9 2 0 0 8
City	State Zip Code	Transaction ID: 15604465
Wilmington	NC 28402-9000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer New Hanover Regional Medi-	Occupation	
cal Center	President and Chief Executive Of	ficer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Mr. Mark T Leonard		Date of Receipt
Mailing Address 68 Hospital Road	0 6 1 9 2 0 0 8	
City	State Zip Code	Transaction ID: 15604491
Sylva	NC 28779-2722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Harris Regional Hospital	Occupation Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr Paul S Franz		Date of Receipt
Mailing Address P O Box 32861 1320 Fillmore Avenue,	Unit 413	06 23 2008
City	State Zip Code	Transaction ID: 15607641
Charlotte	NC 28232-2861	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Carolinas HealthCare Syst- em	Occupation Executive Vice President Operation	ons
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)		1200.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 17 (check only one)  X 11a 11b 11c 12  13 14 15 16 1			
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persol g the name and address of any political committee to	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)  North Carolina Hospital Association	on Political Action Committee - Federal				
Full Name (Last, First, Middle Initial) Mr. Charles T Frock		Date of Receipt			
Mailing Address P O Box 3000		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 15616010			
Pinehurst	NC 28374-3000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer FirstHealth of the Caroli- nas	Occupation Chief Executive Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	400.00				
Full Name (Last, First, Middle Initial) Dr. William K Atkinson, II, Ph.D.		Date of Receipt			
Mailing Address 1900 Kildaire Farr	Mailing Address 1900 Kildaire Farm Road				
City	State Zip Code	Transaction ID: 15616012			
<u>Cary</u>	NC 27518-6616	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	400.00			
Name of Employer WakeMed Cary Hospital	Occupation President and Chief Executive Officer				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00				
Full Name (Last, First, Middle Initial) Mr. Frederick G Thompson, , Ph.D.		Date of Receipt			
Mailing Address 500 Morven Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 15616106			
Wadesboro	NC 28170-2745	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	480.00			
Name of Employer Anson Community Hospital	Occupation President				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	480.00				
CURTOTAL of Possints This Poss (autism	-	1280.00			
	mber only)				

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 17 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  North Carolina Hospital Association P	olitical Action Committee - Federal	
Full Name (Last, First, Middle Initial) Mr. Carl S. Armato		Date of Receipt
Mailing Address 12521 Preservation Po		06 30 2008
City	State Zip Code	Transaction ID: 15619415
Charlotte	NC 28216-6735	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Presbyterian Hospital	Occupation President & CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	400.00
TOTAL This Period (last page this line number only)	<b>•</b>	10361.60

State:

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District:

COLLEGE DE COM												
SCHEDULE B (FEC Form 3X)	Use separate schedule(s) FOR LIN (check or			-	R:		PAGE 17/17					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21k 27	Ĺ	22 28a	20	3 3b	_	24 28c		25 29	$\Box$	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		, ,						_				
NAME OF COMMITTEE (In Full)  North Carolina Hospital Association Politic	cal Action Committee - Fede	eral										
Full Name (Last, First, Middle Initial) BB&T Mailing Address 1821 S. Main St.				Date of	saction of Disb		men			0 ŏ 8	Y	
City Wake Forest	State Zip Code NC 27587			Amou	int of E	ach [	Disb	oursen		this P	erio	d
Purpose of Disbursement Bank fees Candidate Name		001 Category/			•	-	•	•		10.00		
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Type		Bank	fees							

SUBTOTAL of Disbursements This Page (optional)		15.68
TOTAL This Period (last page this line number only)	<u> </u>	15.68